

**APPLICATION INSTRUCTIONS FOR  
PROFESSIONAL and PRACTICAL NURSE, CERTIFIED NURSING ASSISTANT REINSTATEMENT**

**Processing may take up to 2-3 months after submitting application before a permanent license can be issued.**

**OPTIONAL** - If you want confirmation of the date that your application has been received by ASBN complete the enclosed postcard with your name/address and **postage**. Receipt of a postcard indicates that your application was received and **does not** reflect the status or any Board decision on your application. **Unstamped postcards will not be mailed.**

Pursuant to R4-19-404 B,1,2,3(a)(b), in the Arizona Nurse Practice Act:

A **RN/LPN** whose license to practice nursing has been voluntarily surrendered, denied, or revoked in accordance with A.R.S. §32-1663 may make application to the Board after a period of five years subsequent to the date the license was voluntarily surrendered, revoked, or denied for the reinstatement of a license under following terms and conditions:

1. An application shall be submitted in writing, verified under oath shall contain therein or have attached thereto substantial evidence that the basis for denial or revocation has been removed and that the issuance of license will no longer constitute a threat to the public health or safety. The Board may require physical, psychological, or psychiatric evaluations, reports, and affidavits. These conditions shall be met before an application is considered.
2. The Board shall consider the application and may designate a time for the applicant to appear at a regularly scheduled meeting of the Board so the evidence of qualification and competency to practice can be presented.
3. After reviewing the evidence and deliberating the matter, the Board may:
  - a. Grant the RN/LPN applicant a temporary license to complete a refresher course and a specified period of supervised practice. On completion of the supervised practice period, the Board shall consider the evaluation of the applicant's performance and shall approve or deny the application or extend the period of supervised practice.
  - b. Deny reinstatement of RN/LPN license. An applicant who is denied reinstatement of a license may request a hearing by filing a written request within 30 days of service (date denial was mailed) of the Board's Order denying reinstatement of licensure. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6.

A **CNA** whose certificate has been revoked or denied, in accordance with A.R.S. §32-1663, may reapply to the Board after a period of five years from the date the certificate or application is revoked or denied. A nursing assistant who voluntarily surrenders a nursing assistant certificate may reapply to the Board after no less than three years from the date the certificate is surrendered. The Board shall issue or reinstate a nursing assistant certificate under the following terms and conditions:

1. An applicant shall submit documentation showing that the basis for denial, revocation or voluntary surrender has been removed and that the issuance or reinstatement of nursing assistant certification will no longer constitute a threat to the public health or safety. The Board may require an applicant to be tested for competency or retake and successfully complete a Board approved training program and pass the required examination.
2. The Board shall consider the application and may designate a time for the applicant to address the Board at a regularly scheduled meeting.
3. After considering the application, the Board may:
  - a. Grant nursing assistant certification, or
  - b. Deny the application.
4. An applicant who is denied issuance or reinstatement of nursing assistant certification may request a hearing by filing a written request with the Board within 30 days of service (date denial was mailed) of the Board's order denying issuance or reinstatement of nursing assistant certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6.

## **FEES**

- The RN/LPN application fee is \$125.00 and the fingerprint fee is \$43.00 for a total of \$168.00.
- The CNA application fee is \$75.00.
- Fees may be paid by money order or check. All personal checks **must** be pre-printed with your name, address and made payable to the Arizona State Board of Nursing.
- All fees submitted must be in US dollars. Be sure to check your Board order to confirm when you are eligible to apply for reinstatement. **Fees are NOT refundable.**
- Personal checks drawn on banks out of the Continental US are not considered US Dollars and will not be accepted.
- A \$50.00 fee will be charged for checks returned because of insufficient funds.

**FELONY CONVICTIONS:** Pursuant to A.R.S. § 32-1606(B)(17) & A.R.S. § 32-1646 (B), the Board shall revoke a nursing license or multistate privileges or deny licensure if the applicant has one or more felony convictions that have not previously been disclosed to the Board and has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application. If this law pertains to you, your application will not be processed, and proceedings for revocation of your Arizona license or multistate privileges in Arizona or denial of your application shall be instituted by the Board.

**REPORTING OF CRIMINAL CHARGES:** Applicants for licensure/certification must notify the Board of criminal charges that may affect patient safety within 10 days of being charged. Further information is available on [www.azbn.gov](http://www.azbn.gov).

**FINGERPRINTING:** Pursuant to A.R.S. § 32-1606(B)(15), each applicant for initial licensure/certification is required to submit a full set of fingerprints with the completed application. It can take 2-3 months to receive fingerprint results from the FBI. You cannot receive permanent licensure/certification until these results are received.

## **TIME FRAMES FOR LICENSURE:**

The Board is required to process applications for licensure within certain time periods, A.R.S. § 41-1073. The following definitions are provided to assist you in understanding the time frames below:

- |   |  |
|---|--|
| • Administrative completeness time frame: | The number of days from receipt of an application until the Board determines that the application is complete.   |
| • Substantive review time frame:          | The number of days following the administrative completeness time frame during which the Board determines whether the applicant <u>should</u> be licensed.   |
| • Deficiency notice:                      | Correspondence from the Board notifying the applicant that the application is incomplete and that information is missing.  |
| Time to respond:                          | <b>The table below specifies the number of days an applicant has to respond to a deficiency notice.</b>  |
| • Comprehensive written request:          | A request by the Board to the applicant during the substantive review time frame for additional information or documentation.  |
| Time to respond:                          | <b>The table below specifies the number of days an applicant has to respond to a comprehensive written request.</b>  |
| • Overall time period:                    | The total number of days from the Board's receipt of an application until the Board determines whether to grant licensure. This time period includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request. |

## **LICENSING TIME FRAMES TABLE**

Type of Licensure	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
WITHOUT INVESTIGATION Reinstatement	R4-19-404	150 days	30 days	270 days	120 days	150 days
WITH INVESTIGATION Reinstatement	R4-19-404	270 days	30 days	270 days	240 days	150 days

**Please NOTE:** When you submit an application, the Board will send you a deficiency notice for more information regarding the time-frames for licensure, consult A.A.C. R4-19-102. For assistance with the application process for licensure, call Paula Delphy 602-889-5192, or Helen Tay 602-889-5189. If you fail to respond to a deficiency notice within the applicable time-period, your application will be considered withdrawn and the application packet will be returned. If you are still interested in obtaining licensure, you must submit a new application and applicable fees.

**ARIZONA STATE BOARD OF NURSING**

4747 N. 7<sup>TH</sup> STREET, SUITE 200  
PHOENIX, AZ 85014-3653  
(602) 889-5150 FAX (602) 889-5155  
Email: [arizona@azbn.gov](mailto:arizona@azbn.gov)  
Website: [www.azbn.gov](http://www.azbn.gov)

**APPLICATION FOR REINSTATEMENT**

☐ RN    ☐ LPN    ☐ CNA

**PLEASE NOTE:**

- Type or use black ink only
- A fingerprint card must be included
- Check instructions for appropriate fee

First Name

First

Middle

Maiden

LAST NAME

Last

Social Security Number

Disclosure is Mandatory

Birth Date

Former Name(s)

Mailing Address

Street Address

City

State

ZIP

AREA CODE &amp; TELEPHONE NO.

COUNTY

Current Employer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Employed From: \_\_\_\_\_

Position: \_\_\_\_\_

Previous Employer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_

☐ NOT EMPLOYED**FOR OFFICIAL USE ONLY****NCNET CHECK**

LICENSE #: \_\_\_\_\_

DATE REINSTATED: \_\_\_\_\_

Education	Name of School and Location	Graduation Date	Degree (Diploma, AA, BS, MS)
High School	Name:		
	City: State Zip		
Nursing School/ CNA Program	Name:		
	City: State Zip		
College/University	Name:		
	City: State Zip		

List all states in which you have been or are currently licensed/certified in:

State	License #/ Certificate #	Active/Inactive	State	License # Certificate #	Active/Inactive
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**The following 2 questions must be answered completely in order to process your application.**

- Are you currently under investigation or is disciplinary action pending against your nursing license, CNA certificate or any other license or certification you hold in any state or territory of the United States?

☐ NO ☐ YES If yes, **include** with your application a detailed explanation and a copy of the paperwork regarding current investigation or pending disciplinary action.

**Before answering the next question, read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, or that your civil rights have been restored does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.**

- Have you ever been convicted, entered a plea of guilty, nolo contendere or no contest, or have you ever been sentenced, served time in jail or prison, or had deferred prosecution or deferred sentence in any **felony** or undesignated offense?

☐ NO ☐ YES If yes, **provide a written** explanation of the details of each conviction and sentence. **Return** the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

If you answer “yes” to this question, your application will not be processed until you provide proof that it has been more than 5 years since the sentence for each felony conviction has been **COMPLETED** or provide proof that the conviction was designated a misdemeanor.

Additional documents that must be submitted for the investigative process will include the following:

If the reason for revocation/voluntary surrender was based on physical abuse or verbal abuse, submit:

- Psychological evaluations with psychometric testing.
- Records of mental health counseling.
- Evidence of completed course work or counseling on issues that would impact abusive behavior.
- Letters of recommendation from current employers.

If the reason for revocation/voluntary surrender was based on clinical practice issues, submit:

- Skills evaluations.
- Proof of completion of course work in areas of questioned competence.
- Proof of intention to enroll in a refresher course if licensed.

If the reason for revocation/voluntary surrender was based on sexual misconduct, submit:

- Current evaluation by a treatment professional with specific expertise in evaluations and treatment of sexual misconduct. Evaluation to delineate type of misconduct (predatory vs non-predatory).
- Proof of counseling completed specific to sexual misbehavior.
- Evidence of cognition by the applicant of the misconduct and acceptance of responsibility for acts committed.
- Estimated probability of recidivism of such acts.

If the reason for revocation/voluntary surrender involved chemical dependency, submit:

- Evidence of a least two years of documented sobriety and recovery activities to include chemical dependency rehabilitation and aftercare, 12 step attendance with sponsor, urine drug screen.

### **AFFIDAVIT**

The undersigned being duly sworn declares that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and the rules of the Arizona Board of Nursing; that he/she has read and understands this affidavit; that he/she understands that failure to disclose the requested information or disclosure of false or misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **JURAT**

State of \_\_\_\_\_ )

) **SS**

County of \_\_\_\_\_ )

\_\_\_\_\_ personally appeared before me, and under oath, swears that the  
NAME  
statements made in this document and all attachments are true and correct this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES



## ***RN/LPN/CNA Reinstatement Applicants***

SAVE YOURSELF TIME  
AND FRUSTRATION...

Check these areas **before** returning your application.

### **ALL BLANKS MUST BE COMPLETED**

- ☐ Your application is in black ink
- ☐ You entered **name changes**: Complete the first section on page 1 **only** if you changed your name
  - ☐ If your name changed, please include a copy of an official document showing your **previous** name (i.e. birth certificate, social security card, diploma from school **and** a copy of an official document showing your **new** name (i.e. marriage license, divorce decree, driver's license, social security card)
- ☐ Home Address/Primary Residence –i.e., this is the address for where you vote, or pay taxes or obtain a drivers license
- ☐ You answered **ALL QUESTIONS**
- ☐ You enclosed additional documents with your application that are required
- ☐ You signed & enclosed a check (**pre-printed with your name & address**) or money order for the ***correct*** fees

Read the instructions for more details on these reminders.

Thank you!

### **ABBREVIATIONS OF STATES & TERRITORIES**

AL	ALABAMA	MT	MONTANA
AK	ALASKA	NE	NEBRASKA
AS	AM. SAMOA	NV	NEVADA
AZ	ARIZONA	NH	NEW HAMPSHIRE
AR	ARKANSAS	NJ	NEW JERSEY
CA	CALIFORNIA	NM	NEW MEXICO
CO	COLORADO	NY	NEW YORK
CT	CONNECTICUT	NC	NO. CAROLINA
DE	DELAWARE	ND	NO. DAKOTA
FL	FLORIDA	OH	OHIO
DC	WASHINGTON DC	OK	OKLAHOMA
GA	GEORGIA	OR	OREGON
HI	HAWAII	PA	PENNSYLVANIA
ID	IDAHO	PR	PUERTO RICO
IL	ILLINOIS	RI	RHODE ISLAND
IN	INDIANA	SC	SO. CAROLINA
IA	IOWA	SD	SO. DAKOTA
KS	KANSAS	TN	TENNESSEE
KY	KENTUCKY	TX	TEXAS
LA	LOUISIANA	UT	UTAH
ME	MAINE	VT	VERMONT
MD	MARYLAND	VI	VIRGIN ISLANDS
MA	MASSACHUSETTS	VA	VIRGINIA
MI	MICHIGAN	WA	WASHINGTON
MN	MINNESOTA	WV	WEST VIRGINIA
MP	NO. MARIANA IS.	WI	WISCONSIN
MS	MISSISSIPPI	WY	WYOMING
MO	MISSOURI		